

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A) - NAIC 65838**LTC Partnership - Comprehensive - Tax Qualified**

POLICY FORM: CAP-06 10/11

1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.

1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other
YES	YES	YES	YES	YES	YES	NO	NO	YES

MPB Company Notes:	_365_ (Number of Days) times the Nursing Facility Daily Benefit = _365, 730, 1095, 1460, 1825, 2190, & 3650____. Other Notes: 10 yr BP
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2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
\$180	\$500	\$10	YES	NO	NO	NO	NO

NHB Company Notes:	Enter Notes: None reported by the company.
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3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.

100%	90%	80%	75%	70%	Other
YES	NO	NO	NO	YES	NO

RCFE Company Notes:	Enter Notes: None reported by the company.
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4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

100%	90%	80%	75%	70%	60%	50%	None	Other
YES	NO	NO	NO	YES	NO	NO	NO	NO

HCB Company Notes:	Enter Notes: None reported by the company.
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5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
						YES	

HCBO Company Notes:	Not Applicable: This LTC policy form is not a Home Care Only policy.
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6. Qualification for Benefits (QB)

QB_2_OF_6	QB_2_OF_7	QB_OTH1	QB_MN	QB_CI	QB_90DR	QB_OTH2
YES	NO	NO	NO	YES	YES	NO

QB Company Notes:	The need for human assistance or continual supervision to perform at least ____2____ of ____6____ Activities of Daily Living.
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7. Elimination Period (EP) = In days Select all that applies.

0	20	30	60	90	100	CALENDAR	SERVICE	Other
NO	NO	YES	YES	YES	NO	NO	YES	NO

EP Company Notes:	Enter Notes: None reported by the company.
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8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES	YES	NO	NO

IP Company Notes:	Enter Notes: 5% Simple is only available to ages 70 and older.
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9. Waiver of Premium (WAVP)

Enter Notes: While receiving benefits and after the satisfaction of the elimination period. Also offer an optional benefit rider called Survivorship and Waiver of Premiums where If both policyholders have in-force policies and riders with no benefits paid during the first 10 years, the surviving partner's policy will be paid up upon the death of their partner. Or If both policyholders have in-force policies and riders with no benefits paid during the first 10 years, when one partner goes on claim after 10 years, the premiums are waived for both policies for the duration of the claim, upon recovery, both must pay premiums again.

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Long Term Care Insurance Rates

POLICY FORM: CAP-06 10/11

LTC Partnership - Comprehensive - Tax Qualified

30 Day Elimination Period - Service				90 Day Elimination Period - Service			
3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION
	\$3,300				\$2,640		
	\$3,525				\$2,820		
	\$3,913				\$3,130		
	\$4,838				\$3,870		
	\$6,213				\$4,970		
	\$8,700				\$6,960		

Customer Service Telephone Number: (800) 377-7311